

Remarks of Senator Mazie Hirono (D-HI)
United State Senate
July 30, 2020

Mr. President, The COVID-19 pandemic has laid bare the systemic racial inequities in our healthcare system. While the virus has touched Americans of every race and nationality, it disproportionately impacts people of color. We all know that. People of color make up just 40% of our country's population, but account for over 60% of all coronavirus cases and 50% of deaths from coronavirus. These inequities manifest themselves differently in each of our states. In Hawaii, for example, we are seeing pronounced disparities among our Pacific Islander community, and particularly among citizens of the Federated States of Micronesia, the Marshall Islands, and Palau. I'm focusing my remarks on this vibrant community today because our country has rarely done right by them.

Let me give you some background. After liberating their territory in World War II, the United States administered the Trust Territories of the Pacific, which includes what are now the Freely Associated States, for nearly 40 years. Even in the most generous characterization, the United States failed to live up to its Trust obligations to promote the political, social, and economic development of the region. In addition to chronically underfunding social programs like healthcare and education, the United States used the Marshall Islands as a base for dozens of nuclear tests over a 12-year period from 1946 to 1958, including the 15 megaton Castle Bravo, the largest thermonuclear device ever detonated by the United States. Decades later, citizens of Micronesia and the Marshall Islands continue to suffer generational health consequences with substantially increased rates of cancer, birth defects, and miscarriages.

In 1986, the Federated States of Micronesia and the Republic of the Marshall Islands achieved independence and formally entered into Compacts of Free Association (COFA) with the United States. Palau followed in 1994. Under the terms of these Compacts, these three countries provided the United States military with exclusive access their strategically situated lands, in exchange for security guarantees, economic and financial assistance, and the right of their citizens to travel, work, and live in the United States without a visa. It is difficult to overstate the importance of the Compacts to our strategic interests in the Indo-Pacific region.

In a Senate Armed Forces Committee hearing last year, USINDOPACOM Commander Admiral Phillip Davidson noted how the Compact nations "contributed way out of proportion to their population in our defense." This is particularly true with respect to China where our Compacts with these island nations enable us to literally hold the line against aggressive Chinese economic and military expansion throughout Oceania. If we are to ensure a free and open Indo-Pacific, we must treat the Compact nations with the respect they deserve.

First and foremost, this means keeping the promises we've made to these partners, especially on healthcare. Our initial Compact agreements stipulated that COFA citizens were eligible for a range of federal programs as "permanently residing under color of law" including Medicaid coverage. The so-called welfare reform law of 1996, however, results in COFA citizens suddenly becoming ineligible for Medicaid and other federal programs even as they can live in the United States legally and indefinitely. I've done some research as to what happened in the welfare reform law and there is absolutely nothing

in the legislative history of that law to indicate why suddenly COFA citizens were not eligible for Medicaid coverage. According to a report from the University of Hawaii Economic Research Organization, the exclusion of COFA citizens from Medicaid increased the mortality of COFA citizens by 20% and contributed to significant public health issues in my home state of Hawaii.

I've led the fight to pass bipartisan legislation restoring Medicaid eligibility for COFA citizens throughout my time in the Senate and we've come close to righting this wrong on several occasions, including in the bipartisan comprehensive immigration bill passed by the Senate in 2013.

The COVID-19 pandemic injects new urgency into this effort. All across the country, COFA citizens work in essential industries like meat processing, food service, and custodial services. These jobs put COFA citizens at increased risk and they are suffering disproportionately from COVID-19 as a result. In Hawaii, Pacific Islanders make up about 4% of our population, but account for nearly a quarter of our COVID-19 cases. In Northwest Arkansas, the Marshallese make up no more than 3% of the population, but have suffered half the deaths. In Dubuque, Iowa, the Marshallese community accounts for more than a third of the COVID-19 deaths despite making up only about 1% of the city's population. A number of factors are driving these disparities, but reduced access to healthcare certainly isn't helping. In fact it's hurting a lot. The Governmental Accountability Office estimates that 14% of COFA citizens in Hawaii lack health insurance, nearly three times the state's average. Nationwide, 22% of COFA citizens are uninsured.

In the absence of restored Medicaid eligibility, which would certainly lower the number of uninsured COFA citizens, our community health centers are once again stepping up. My conversations earlier this month with representatives from Kōkua Kalihi Valley Comprehensive Family Services and West Hawaii Community Health Center reinforced the crucial role that these community health centers play in building reciprocal trust with the communities they serve. Both community health centers have been working closely with COFA citizens to combat stigma and fear by reaching out directly to the community to encourage them to seek care. This includes providing testing and outreach services in multiple languages. They have also been coordinating food deliveries to families including COFA citizens quarantining at home and assisting some families with alternate housing arrangements so they can isolate away from health family members. Our health centers are doing exceptional work with COFA citizens and I strongly support providing them robust funding in the next COVID-19 relief bill.

More importantly, we need to uphold our commitment to the Compact nations and restore Medicaid eligibility for COFA citizens who are legally in our country. We can do that by including my Covering Our FAS Allies Act to restore Medicaid eligibility for COFA citizens in the next COVID relief bill. The House has already restored eligibility to this population in the HEROES Act and it's time for the Senate to join them in righting a historic wrong. Mr. President, I yield the floor.

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